

Jennifer Douglas-Handouts attached

1. Order Appointing Attorney Ad Litem;
2. Initial letter to attorneys;
3. Attorney Ad Litem Questionnaire in lieu of Discovery;
4. Motion for Parenting Course; and
5. Unfettered Access Clause.

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
DOMESTIC RELATIONS DIVISION

PLAINTIFF

VS

NO. _____

DEFENDANT

ORDER APPOINTING ATTORNEY AD LITEM

On this ____ day of _____, 2010, comes before the court, the Motion of the Court; the court does direct:

Pursuant to Arkansas Code Annotated Section 9-13-101 (d), _____ is hereby appointed as Attorney Ad Litem to represent the minor child(ren) _____ in the above styled case.

The Attorney Ad Litem shall be paid for her services through the Administrative Office of the Courts, pursuant to Arkansas Code Annotated Section 9-13-101(d), so long as appropriated funds are available for Ad Litem representation, and up to the maximum amount allowed under the Guidelines adopted by the Arkansas Judicial Council. If funds are not available at the close of this matter or if services incur fees in addition to the maximum permitted, the Court shall Order the parties to pay equal or proportionate sums into the Court to secure the services of the Ad Litem.

This case shall remain an open court case until a final Order, including an Order for payment of the Ad Litem's attorney fees is filed.

The attorney ad litem shall be served with every pleading filed herein, and shall be given notice of all hearings. Said attorney's address is _____.

The attorney ad litem shall have unrestricted access to the child at home or school and both parties shall cooperate with requests for consultations with attorney and child.

IT IS SO ORDERED.

Circuit Judge

Dated: _____

WOODRUFF LAW FIRM, P. A.

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Lake City, Arkansas 72437
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Jennifer Woodruff Douglas
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April 27, 2010

OPC Address

RE: _____ vs. _____ - Case #: _____

Dear _____:

I have been appointed as the Attorney Ad Litem in the above matter. Please let me know if any hearings, depositions or special settings already scheduled.

Provide information for your client, including physical address, phone numbers, names of other individuals that live in their homes and employment information.

Pursuant to the Administrative Order, I need to interview your client. Please advise me promptly if this needs to be done in your presence.

If any discovery has been completed or propounded, please provide me a copy.

Any pleadings or notices filed in this matter should be forwarded to me. Also, please be conscious of the fact that the matter cannot settle without approval of all attorneys of record. If settlement discussions arise, please bring those to my attention.

Please do not communicate with my client without my presence. If the children come to your office with a parent, please limit your contact to casual conversation. I make this request, not because I assume you do not know the ethical

boundaries, but because I have experienced in the past that the role of an attorney ad litem sometimes gets confusing. Attorneys often think of the children as a witness and forget the children are represented.

The AAL fee is approved to be paid through a state funded program up to \$ 1250.00. Some expenses are not approved, but most are approved. The maximum rate per hour is \$ 90.00 per hour and I agree to take the case for that hourly billing rate. The parties may be required to pay any fee which is not ordered to be paid by the state. I will file a motion and give you the requisite time to respond if there are fees not paid by

the state. I may request the Court require the parties to pay into escrow with you or me or to the registry of the Court prior to a special setting.

My role as attorney ad litem can easily be explained to your client. I am the attorney for the children. I will file motions when I see relief that needs to be granted for the children. I will appear in court and present evidence on behalf of my client. If the wishes of the children differ from what I believe is in the children's best interest, I am required to advise the court of the children's wishes. Unless I feel it would be a detriment to my client, I will make every effort to advise you of my recommendations before trial and after a thorough investigation has been completed.

The custodial parent can provide me with contact information of the respective school, daycare, etc.

Finally, I enclose for you a questionnaire that I would like for each of your clients to complete in lieu of formal discovery. If not received within two weeks, I will send formal discovery.

Cordially,

Jennifer Woodruff Douglas

JWD: cg

ATTORNEY AD LITEM QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: physical & mailing (Please include directions to your physical address)

Contact number(s): _____ Indicate cell, home or work

Were you and the child's other parent married? _____ Yes _____ No

If married, state date of marriage and date of separation? DOM: _____ DOS: _____

If not, state the approximate dates of your relationship: _____

List all children born to you and their ages:

1. Name: _____	Age: _____
2. Name: _____	Age: _____
3. Name: _____	Age: _____
4. Name: _____	Age: _____
5. Name: _____	Age: _____

List all individuals that reside in your home and their relationship to you:

1. Name: _____	Relationship: _____
2. Name: _____	Relationship: _____
3. Name: _____	Relationship: _____
4. Name: _____	Relationship: _____
5. Name: _____	Relationship: _____

List any children that visit in your home on a regular visit, ex: children of spouse.

1. Name: _____	4. Name: _____
2. Name: _____	5. Name: _____
3. Name: _____	6. Name: _____

Do the children in this case have medical insurance? _____ Yes _____ No

If so, state who provides the coverage. _____ You _____ Your spouse

_____ Opposing party _____ ARKids _____ Medicaid

List your highest level of education, the year last attended or completed education and any certificates or degrees earned.

Occupation: _____

Employer: _____

Length of time at this employment? _____

If less than one year, list your last employer and the dates of employment.

List any other sources of income in your home. Ex: SSI, employment of spouse or adult child.

Do you attend religious services regularly? _____ Yes _____ No

How would you describe your overall physical and mental health? (poor, good, fair, excellent, some maintenance medications)

Name, City & phone number for the school of the child:

List the names of each teacher for the child.

What was the date of your most recent contact with any teacher regarding your child, and what was the reason for the contact?

Did you attend parent teacher conferences for the past school year? If not, please explain why.

List any Adult individuals and a contact number and their relationship to the child that you would agree has a significant impact on the child's day-to-day routine. For ex: a grandparent, sibling, coach or pastor.

1.Name: _____	Contact No: _____	Relationship: _____
2.Name: _____	Contact No: _____	Relationship: _____
3.Name: _____	Contact No: _____	Relationship: _____
4.Name: _____	Contact No: _____	Relationship: _____
5.Name: _____	Contact No: _____	Relationship: _____
6.Name: _____	Contact No: _____	Relationship: _____

Describe any extra-curricular, school, social or church activities the child participates in on a regular basis? _____

List any medications the children take on a regular basis and the purpose of the medication.

Child's Name: _____	Medication: _____	Purpose: _____
Child's Name: _____	Medication: _____	Purpose: _____
Child's Name: _____	Medication: _____	Purpose: _____
Child's Name: _____	Medication: _____	Purpose: _____

List the names of any counseling agencies that have provided services to the child and the dates of services.

Who was the primary caretaker of each child while he or she is in your home? _____

Describe your general methods of discipline for each child.

In a few sentences, describe how you believe I can assist the child in this legal proceeding.

**IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
DOMESTIC RELATIONS DIVISION**

PLAINTIFF

VS

NO. _____

DEFENDANT

MOTION FOR PARENTING COURSE

Comes the attorney ad litem, _____, and for a Motion for Court
Ordered Parenting Course, states:

1. This court has continuing jurisdiction over the parties.
2. This case involves an issue of contested change of custody (type of case).
3. The minor child(ren), _____, can benefit from
(his/her/their) parents attending a parenting course designed to educate parents on the
topics of co-parenting, productive communication, and minimizing the stress on
child(ren) from a split home.
4. Pursuant to A. C.A. § 9-12-322, the Court has authority to order parents to
attend parenting courses.
5. A course is available named *Parenting Separately* which is presented
periodically at the Better Life Center, 1605 James Street, Jonesboro, AR 72401. A
course is scheduled for April 21, 2008. Other courses are available throughout the state.
6. The parties should make every effort to attend the next scheduled course
or a course within ninety (90) days of the entrance on an Order requiring them to attend
Parenting Separately or an equivalent co-parenting course.
7. The parties will be responsible for their own registration fee.

8. Proof of attendance should be filed with the Court and provided to the Attorney Ad Litem and other attorneys of record.

9. It is in the best interest of the child(ren) for this motion to be granted.

WHEREFORE, the attorney ad litem, for the minor child, prays the motion will be granted and for all other relief for which the child may show herself entitled.

Respectfully Submitted,

CERTIFICATE OF SERVICE

UNFETTERED CLAUSE

1. Each parent will have unfettered access to the educational, health, dental, and optical records of the child. Each parent is authorized, without the consent or approval of the other parent, to meet with and discuss with any educational official and any medical, dental, optical or other health care provider the educational, medical, dental, optical and other health care issues of the child. Each parent will furnish to the other parent the name, address and telephone number of each health care provider furnishing services to the child. Neither parent will take any action to prohibit, hinder or interfere with the other parent obtaining records or conferring with others concerning educational and all health care issues of the child.

As each parent become aware of the child's educational, church, sports and other activities, the parent will furnish to the other parent a list of the scheduled activities or a copy of the notice of the activity in sufficient and reasonable time to allow the other parent the option to attend or participate in the activities.

The intent of this provision is to give each parent the right of access to the records of the child, providers of services to the child, notice of the child's activities and all other reasonable information concerning the child. Neither parent will take any action to prohibit, hinder or interfere with the other parent right to information, records, and access to persons or conferring with persons concerning any issue of the child.